

# Central District Health Department EMPLOYMENT APPLICATION

1137 S. Locust, Grand Island NE 68801

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The Central District Health Department is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Please Print

Date:

Application should be completed in its entirety, without reference to attached resume.

## Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Message #: (\_\_\_\_) \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ State/License #: \_\_\_\_\_

List your age if you are younger than eighteen. \_\_\_\_\_

Have you ever applied to, or worked for the Health Department before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for the Central District Health Department? \_\_\_\_\_

If yes, state name and relationship: \_\_\_\_\_

How did you hear about us/this opening? \_\_\_\_\_

Have you ever been convicted of a felony (excluding any sealed or expunged convictions)? \_\_\_\_\_

*(NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## General Information About Employment Desired

Position you are applying for? \_\_\_\_\_ Full-time or part-time? \_\_\_\_\_

If part-time, hours per week desired: \_\_\_\_\_ Are you available for work on weekends? \_\_\_\_\_

Are you available to work holidays? \_\_\_\_\_ Days of week you are available to work: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_ Are you available to be on-call? \_\_\_\_\_

Are you available to work evenings and nights? \_\_\_\_\_ Are you available to work overtime? \_\_\_\_\_

If hired, on what date could you start work? \_\_\_\_\_

Hourly rate of pay or monthly salary desired: \_\_\_\_\_

## Educational Background

	<u>School/Location/Sponsor</u>	<u>Course of Study</u>	<u>Dates Attended/Diploma/Degree</u>
High School			Did you graduate?
Community College			
Trade School			
College/University			
Seminars/Other			

## Special Skills

Do you speak, write or understand any foreign languages? \_\_\_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work with the Central District Health Department? \_\_\_\_\_ If so, explain in detail below:

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Professional Society Memberships: \_\_\_\_\_

Licenses (list states): \_\_\_\_\_

<u>Computer skills</u>	<u>Dates Used</u>	<u>Level of proficiency</u>
Hardware:		
Software:		

**Use the space below to summarize other relevant experience, skills and background:**

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## Employment History

List all previous employers starting with your present or most recent position (last 10 years is sufficient) below. Attach additional sheets if necessary.

Name of Company: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code  
Telephone Number: ( ) \_\_\_\_\_  
Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Starting Rate of Pay: \_\_\_\_\_ Ending rate of pay: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your present employer? \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code  
Telephone Number: ( ) \_\_\_\_\_  
Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Starting Rate of Pay: \_\_\_\_\_ Ending rate of pay: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code  
Telephone Number: ( ) \_\_\_\_\_  
Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Starting Rate of Pay: \_\_\_\_\_ Ending rate of pay: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## Personal References

Name and Occupation	Address	Phone #
<u>1.</u>		
<u>2.</u>		
<u>3.</u>		

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

**I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.**

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**Initial**

**I understand that if offered employment, the offer is contingent on my passing a pre-employment drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment drug screen, if required, and a pre-employment physical upon receipt of a verbal offer of employment. I understand that failure to pass the drug screen and/or physical will result in withdrawal of the employment offer.**

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**Initial**

**If hired, I also agree to submit to random alcohol or drug testing as a condition of employment (if a Commercial Drivers License is required for the position for which I am applying). I agree that the Central District Health Department may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason. I also understand that refusal to submit to a random alcohol/drug screen will be considered a refusal to test and I will be subject to disciplinary action.**

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**Initial**

**I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.**

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**Initial**

**If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Nebraska driver's license.**

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**Initial**

**My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.**

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**Applicant's Signature**

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**Date**